TRANSITIONAL CARE UNIT

430 E DIVISION ST

FOND DU LAC 54935 Phone: (920) 926-4700		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	17	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	17	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	10	Average Daily Census:	12

Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/04)	%				
Home Health Care	No	   Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	100.0
Supp. Home Care-Personal Care Supp. Home Care-Household Services	No No	Developmental Disabilities	0.0	   Under 65	30.0	1 - 4 Years   More Than 4 Years	0.0
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	10.0		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	20.0		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	40.0	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent	
Congregate Meals	No	Cancer	10.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	30.0		100.0	(12/31/04)	
Other Meals	No	Cardiovascular	0.0	65 & Over	70.0		
Transportation	No	Cerebrovascular	0.0			RNs	57.4
Referral Service	No	Diabetes	0.0	Gender	왕	LPNs	26.1
Other Services	No	Respiratory	20.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	40.0	Male	30.0	Aides, & Orderlies	41.3
Mentally Ill	No			Female	70.0		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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## Method of Reimbursement

		Medicare 'itle 18			edicaid itle 19			Other		P	rivate Pay	2		amily Care		1	Managed Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	8	100.0	303	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	100.0	560	10	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		0	0.0		0	0.0		0	0.0		0	0.0		2	100.0		10	100.0

Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, ar	nd Activities as of 12,	/31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%		ssistance of		Number of
Private Home/No Home Health	1.6	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		100.0	0.0	10
Other Nursing Homes	0.0	Dressing	0.0		100.0	0.0	10
Acute Care Hospitals	97.7	Transferring	0.0		90.0	10.0	10
Psych. HospMR/DD Facilities	0.0	Toilet Use	0.0		100.0	0.0	10
Rehabilitation Hospitals	0.8	Eating	100.0		0.0	0.0	10
Other Locations	0.0	*******	******	*****	******	******	*****
Total Number of Admissions	383	Continence		%	Special Treatmer	nts	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	10.0	Receiving Resp	piratory Care	30.0
Private Home/No Home Health	54.9	Occ/Freq. Incontiner	it of Bladder	30.0	Receiving Trac	cheostomy Care	0.0
Private Home/With Home Health	18.2	Occ/Freq. Incontiner	it of Bowel	30.0	Receiving Suct	ioning	0.0
Other Nursing Homes	8.9	į			Receiving Osto	omy Care	0.0
Acute Care Hospitals	7.6	Mobility			Receiving Tube	-	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	nanically Altered Diets	s 0.0
Rehabilitation Hospitals	0.5	İ			5	-	
Other Locations	7.6	Skin Care			Other Resident (	Characteristics	
Deaths	2.3	With Pressure Sores		10.0	Have Advance I	Directives	80.0
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	384				Receiving Psyc	choactive Drugs	30.0

	This	Other	Hospital-	I	A11
	Facility	Based	Facilities	Fac	ilties
	8	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	70.6	91.7	0.77	88.8	0.79
Current Residents from In-County	90.0	85.3	1.06	77.4	1.16
Admissions from In-County, Still Residing	2.3	14.1	0.17	19.4	0.12
Admissions/Average Daily Census	3191.7	213.7	14.94	146.5	21.79
Discharges/Average Daily Census	3200.0	214.9	14.89	148.0	21.62
Discharges To Private Residence/Average Daily Census	2341.7	119.8	19.55	66.9	34.99
Residents Receiving Skilled Care	100.0	96.2	1.04	89.9	1.11
Residents Aged 65 and Older	70.0	90.7	0.77	87.9	0.80
Title 19 (Medicaid) Funded Residents	0.0	66.8	0.00	66.1	0.00
Private Pay Funded Residents	0.0	22.6	0.00	20.6	0.00
Developmentally Disabled Residents	0.0	1.4	0.00	6.0	0.00
Mentally Ill Residents	0.0	32.7	0.00	33.6	0.00
General Medical Service Residents	40.0	22.0	1.82	21.1	1.90
Impaired ADL (Mean)*	42.0	49.1	0.86	49.4	0.85
Psychological Problems	30.0	53.5	0.56	57.7	0.52
Nursing Care Required (Mean)*	5.0	7.4	0.68	7.4	0.67